

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	210
Application Number	09/844,082
Filing Date	April 27, 2001
First Named Inventor	Benjamin T. Gomez et al.
Group Art Unit	3713
Examiner	Jones, S. E.

AF13713.1

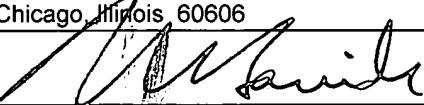
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment / Response to Office Action mailed 6-25-03.	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input checked="" type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> RECEIVED
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> OCT 31 2003
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Applicant claims small entity status.	<input type="checkbox"/> TECHNOLOGY CENTER R3700
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE

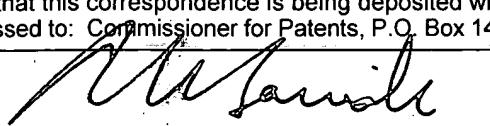
		Small Entity		Large Entity	
	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee
Total		Minus	0	x \$9=	0
Indep.		Minus	0	x \$42=	0
First Presentation of Multiple Dep. Claim				+\$140=	---
				total add'l fee	\$ 0
				total add'l fee	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak Registration No. 30,608 BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature			Date: October 24, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: October 24, 2003

Signature		Date: October 24, 2003
	Michael H. Baniak	